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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2009

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

130.00

**Complete if Known**

|                      |                         |
|----------------------|-------------------------|
| Application Number   | 10/519,337              |
| Filing Date          | December 22, 2004       |
| First Named Inventor | Nancy Dean              |
| Examiner Name        | Kevin R. Kruer          |
| Art Unit             | 1794                    |
| Attorney Docket No.  | H0004275.68586 US -4018 |

**METHOD OF PAYMENT** (check all that apply)

|                                                                                                                        |                                      |                                                                                              |                                       |                                                         |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Check                                                                                         | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order                                                         | <input type="checkbox"/> None         | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 500977                                     |                                      |                                                                                              | Deposit Account Name: Buchalter Nemer |                                                         |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |                                      |                                                                                              |                                       |                                                         |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below                                                      |                                      | <input checked="" type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |                                       |                                                         |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 |                                      | <input checked="" type="checkbox"/> Credit any overpayments                                  |                                       |                                                         |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES  |          | SEARCH FEES  |          | EXAMINATION FEES |          |
|------------------|--------------|----------|--------------|----------|------------------|----------|
|                  | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity     | Fee (\$) |
| Utility          | 330          | 165      | 540          | 270      | 220              | 110      |
| Design           | 220          | 110      | 100          | 50       | 140              | 70       |
| Plant            | 220          | 110      | 330          | 165      | 170              | 85       |
| Reissue          | 330          | 165      | 540          | 270      | 650              | 325      |
| Provisional      | 220          | 110      | 0            | 0        | 0                | 0        |

**2. EXCESS CLAIM FEES**

| Fee Description                                                        | Small Entity |          |               |                           |          |               |
|------------------------------------------------------------------------|--------------|----------|---------------|---------------------------|----------|---------------|
|                                                                        | Fee (\$)     | Fee (\$) |               |                           |          |               |
| Each claim over 20 (including Reissues)                                | 52           | 26       |               |                           |          |               |
| Each independent claim over 3 (including Reissues)                     | 220          | 110      |               |                           |          |               |
| Multiple dependent claims                                              | 390          | 195      |               |                           |          |               |
| Total Claims                                                           | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
| - 20 or HP =                                                           | x            | =        |               |                           |          |               |
| HP = highest number of total claims paid for, if greater than 20.      |              |          |               |                           |          |               |
| Indep. Claims                                                          | Extra Claims | Fee (\$) | Fee Paid (\$) |                           |          |               |
| - 3 or HP =                                                            | x            | =        |               |                           |          |               |
| HP = highest number of independent claims paid for, if greater than 3. |              |          |               |                           |          |               |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--------------------------------------------------|----------|---------------|
| - 100 =      | / 50 =       | (round up to a whole number)                     | x        | =             |

**4. OTHER FEE(S)**

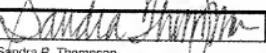
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1 Month Extension

Fees Paid (\$)

130.00

**SUBMITTED BY**

|                   |                                                                                     |                                             |                        |
|-------------------|-------------------------------------------------------------------------------------|---------------------------------------------|------------------------|
| Signature         |  | Registration No.<br>(Attorney/Agent) 46,264 | Telephone 949-224-6282 |
| Name (Print/Type) | Sandra P. Thompson                                                                  | Date 10-21-08                               |                        |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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